

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4910). <h1 style="text-align: center;">FEE TRANSMITTAL</h1> <h2 style="text-align: center;">For FY 2009</h2>		Complete if Known Application Number 10/511,012-Conf. #6931 Filing Date June 13, 2005 First Named Inventor Masaki Orihashi Examiner Name J. C. Ball Art Unit 1795 Attorney Docket No. S1459.70047US00	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 810.00			

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input type="checkbox"/> Deposit Account Deposit Account Number: 23/2825 Deposit Account Name: Wolf, Greenfield & Sacks, P.C. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
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FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
	FILING FEES Small Entity Application Type Fee (\$) Fee (\$) Utility 330 165 Design 220 110 Plant 220 110 Reissue 330 165 Provisional 220 110		SEARCH FEES Small Entity Fee (\$) Fee (\$) 540 270 100 50 330 165 540 270 0 0		EXAMINATION FEES Small Entity Fee (\$) Fee (\$) 220 110 140 70 170 85 650 325 0 0		Fees Paid (\$) _____ _____ _____ _____ _____
2. EXCESS CLAIM FEES							
Fee Description Each claim over 20 (including Reissues) 52 26 Each independent claim over 3 (including Reissues) 220 110 Multiple dependent claims 390 195						Small Entity Fee (\$) _____ _____ _____	
Total Claims - 20 or HP = _____		Extra Claims x _____		Fee (\$) = _____		Fee Paid (\$) = _____	
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims - 3 or HP = _____		Extra Claims x _____		Fee (\$) = _____		Fee Paid (\$) = _____	
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets - 100 = _____		Extra Sheets /50 = _____		Number of each additional 50 or fraction thereof x _____		Fee (\$) = _____	
						Fee Paid (\$) = _____	
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1801 Request for continued examination (RCE) (see 37 ... 810.00							

SUBMITTED BY Signature <i>Randy T. Fritzker</i> Registration No. 35,986 Telephone 617.646.8000 Name (Print/Type) Randy J. Fritzker Date February 11, 2010			
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Certificate of Electronic Filing Under 37 CFR 1.8 I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.8(a)(4). Dated: February 11, 2010 Signature: <i>Randy T. Fritzker</i>	
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